MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (746)

CERTIFICATE OF DEATH

08255

★ Reg. Diat. No. 254

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Queen Anne
City or town: Rural, Love Mills
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? all his life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Love Mills
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3.(a) FULL NAME: Bennett Cleveland Allen

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mary Elise Harrington Allen
6.(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): May 13 - 1884

8. AGE:

Years	Months	Days	If less than one day
61	3	2	...hrs. ...min.

9. Birthplace: near Love Mills Talbot Md
(Town, county, and state)
10. Usual occupation: Contractor & Builder
11. Industry or business: Farmer & Merchant
FATHER 12. Name: John Wesley Allen
13. Birthplace: Talbot Co. Md
MOTHER 14. Maiden name: Catherine Griffith
15. Birthplace: Delaware
16. Informant: Bennett C. Allen Jr
Address: Love Mills, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 18-45 (month) (day) (year)
Cemetery or crematory: Old Love
Location: Love Mills, Maryland
18. Funeral director: Barton Bros
Address: Centreville, Maryland
19. Aug. 18 1945 (Date rec'd by registrar) H. M. Aldridge Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 15 1945 at 11:20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1944, to Aug 15 1945 and that I last saw h... alive on Aug 15 1945

Immediate cause of death	DURATION
Angina Pectoris	1/2 hour
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...
Autopsy results: ...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury ... Injured at work?

23. SIGNATURE: W. Henry Fisher M. D. or other
Address: Centreville Md Date signed: 8/16-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (118)

CERTIFICATE OF DEATH

18256

Reg. Dist. No. 251

1. PLACE OF DEATH:

County: Queen Anne's

City or town: Rural Centreville Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 days

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Kent

City or town: Rural Millington

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3.(a) FULL NAME: Wilbert L. Duckery

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Child

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 27 1944

8. AGE: Years: — Months: 10 Days: 28 If less than one day: hrs. min.

8. Birthplace: Centreville Kent Md.

(Town, county, and state)

10. Usual occupation: Child

11. Industry or business:

FATHER — 12. Name: Weston A. Duckery

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Ida B. Tilley

15. Birthplace: Maryland

16. Informant: Weston A. Duckery

Address: Rural Millington Md.

17. Burial (Burial, cremation, or removal. When?) Date thereof: Aug 28 1945 (month) (day) (year)

Cemetery or crematory: Centreville

Location: Centreville Md.

18. Funeral director: Edward E. Ellour

Address: Millington Md.

19. Aug. 27 1945 (Date rec'd by registrar) Edgar L. Lane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 28 1945 at 7 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 20 1945, to Aug 28 1945

and that I last saw him alive on Aug. 25 1945

Immediate cause of death	DURATION
Chr. Gastritis	2 months.
Due to: Malnutrition	1 month
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Merritt Bias M. D. M. D. or other

Address: Millington Md. Date signed: Aug 28/45

M

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (127a)

CERTIFICATE OF DEATH

08257

★ Reg. Dist. No. 253

1. PLACE OF DEATH:

County Md

City or town Stevensville Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 years.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Md

City or town Stevensville Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Sadie A Kaufman

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	White	Married

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) May 1 1893

8. AGE: Years 52 | Months 5 | Days 11 | If less than one day ....hrs. ....min.

9. Birthplace Frederick Md.

(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Isaac Hyatt

13. Birthplace Md.

MOTHER 14. Maiden name Lucy Beard

15. Birthplace Md.

16. Informant Lucy Doty

Address 1278 Jones Road Balto

17. Buried (Burial, cremation, or removal. Which?) Date thereof 8 17 45 (month) (day) (year)

Cemetery or crematory Stevensville Md.

Location Stevensville

18. Funeral director F.C. Thomas

Address Stevensville md

19. 8, 15 19 45 (Date rec'd by registrar) F.C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 19 45, at 3A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14 19 45 to Aug 15 19 45

and that I last saw h... alive on Aug 15 19 45

Immediate cause of death	DURATION
Acute Cystitis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas E. Snyder M. D. or other

Address Stevensville Md Date signed 8/15/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

08258

Reg. Dist. No. 251

1. PLACE OF DEATH:
County: Queen Anne
City or town: Kingston
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Kent
City or town: Chestertown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R.F.D.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Charles D. Quigley

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Oct. 3, 1878

8. AGE: Years	Months	Days	If less than one day
66	10	4	hrs. min.

9. Birthplace: Kent Co. Maryland (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: Thomas Quigley
13. Birthplace: Ireland

MOTHER
14. Maiden name: Susanna McKee
15. Birthplace: Ireland

16. Informant: Mrs. Mary Agnes Drew
Address: Chestertown, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 11, 1945 (month) (day) (year)
Cemetery or crematory: Saint Dennis Cem.
Location: Kent Co. Maryland
18. Funeral director: J. Willis Wells
Address: Chestertown, Md.

19. Aug. 11 1945 (Date rec'd by registrar) Edgar F. Lane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 8 1945, at 2.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935, to Aug. 8 1945
and that I last saw h. alive on 8-8 1945

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Paralysis of left side	
Due to: Hypertension	
Due to: Chron. Endo-Myocarditis	
Other conditions: Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Albert A Burgard M.D.
M. D. or other
Address: Rock Hall, Md. Date signed: 8/10/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

08259

★ Reg. Dist. No. 253

1. PLACE OF DEATH:
County: Queen Anne
City or town: Chester
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 57 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? 8 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Queen Anne
City or town: Chester
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: World War #1

3.(a) FULL NAME: Oscar Atwood Schulz

3.(b) Social Security Number: 218-07-7015

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Maude N. Schulz
6.(c) If alive, give age: 47 years

7. Birth date of deceased (mo., day, yr.): Aug 26 - 1893

8. AGE:	Years	Months	Days	If less than one day
	51	11	21	...hrs. ...min.

9. Birthplace: Chester - Md
(Town, county, and state)
10. Usual occupation: Waterman
11. Industry or business: Oyster & Fishing

FATHER
12. Name: Gustav Schulz
13. Birthplace: Germany

MOTHER
14. Maiden name: Alvina ? ?
15. Birthplace: Germany

16. Informant: Mrs. Maude N. Schulz
Address: Chester, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 19-45 (month) (day) (year)
Cemetery or crematory: Stevensville
Location: Stevensville - Md
18. Funeral director: Carter Bros
Address: Centreville, Md

19. 8.18 (Date rec'd by registrar) 1945 F.C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 16 1945, at 5 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1 1945, to Aug 16 1945
and that I last saw ... alive on Aug 16 1945

Immediate cause of death	DURATION
Tuberculosis of lungs	1 yr.
Due to	
Due to	
Other conditions: Diabetes	3 mos.

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: ... Injured at work?

23. SIGNATURE: W. Chas. E. Snyder M. D. or other
Address: Stevensville Date signed 8/17/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Evidence for addition of name of town of death is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (4of)

CERTIFICATE OF DEATH

08260

FILE No. G 97 AUG 31 1945

Reg. Dist. No. 21-3

1. PLACE OF DEATH:

County: Queen Anne's

City or town: Chester

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Queen Anne's

City or town: Chester

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Nita Matilda Seward

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	White	Married

6.(b) Name of husband or wife: Warfield Seward

6.(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): Nov 18 1887

8. AGE: Years: 58 Months: 9 Days: 20 If less than one day: hrs. min.

9. Birthplace: Chester Q.A. Co.

(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER — 12. Name: Wm Simmons

13. Birthplace: Md

MOTHER — 14. Maiden name: Amanda Legg

15. Birthplace: Md

16. Informant: Warfield Seward Address: Chester Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 17 -45 (month) (day) (year)

Cemetery or crematory: Stevensville

Location: Stevensville Md

18. Funeral director: Edgar L. Lane

Address: Stevensville Md

19. 8 14 1945 (Date rec'd by registrar) F.C. Thomas Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 17 1945, at 9 P M

21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from March 1945 to Aug 17 1945

and that I last saw her alive on Aug 17 1945

Immediate cause of death: Pneumonia, Pulmonary Edema

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

	DURATION

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Stevensville Md Date signed: 8/14/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

08261

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

★ Reg. Diat. No. 251

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Queen Annes

City or town: Rural McGinnis Corner

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Queen Annes

City or town: Rural McGinnis Corner Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: John A Squires

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

8.(b) Name of husband or wife

8.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 23 1865

8. AGE: Years: 80 | Months: 4 | Days: 2 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Delaware (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER — 12. Name: John Squires

FATHER — 13. Birthplace: Delaware

MOTHER — 14. Maiden name: Mary unknown

MOTHER — 15. Birthplace: Delaware

16. Informant: Edward Squires

Address: Millington Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 29 1945 (month) (day) (year)

Cemetery or crematory: Protestant Cemetery

Location: McGinnis Corner Md

18. Funeral director: Edward Pellegrini

Address: Millington Md.

19. Aug 28 1945 (Date rec'd by registrar) Edgar L. Lane Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 25 1945, at 11 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 10th 1945, to Aug. 25th 1945

and that I last saw him alive on Aug 25th 1945

Immediate cause of death	DURATION
Apoplexy,	
Due to: Hypertension	2 yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ..... Injured at work?

23. SIGNATURE: G. C. Copeland M.D.

M. D. or other

Address: Millington Md Date signed: Aug 27th 45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08262

Reg. Diat. No. 251

M

1

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Queen Annes
City or town: Near Millington
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Salisbury Nursing Home
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Queen Annes
City or town: Chancellor Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME William T. Farr

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	W	

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May unknown 1857

8. AGE: Years 88 | Months | Days | If less than one day: hrs. min.

9. Birthplace Queen Annes Maryland (Town, county and state)

10. Usual occupation Retired Oystermen

11. Industry or business

12. FATHER Name William Farr

13. FATHER Birthplace Maryland

14. MOTHER Maiden name Margaret unknown

15. MOTHER Birthplace Maryland

16. Informant Mrs E. M. Thompson

Address 726 N. Broadway Baltimore

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug 11 1945 (month) (day) (year)

Cemetery or crematory Chesterfield

Location Centreville Md.

18. Funeral director Edward Pelcour

Address Millington Md.

19. Aug. 11 1945 (Date rec'd by registrar) Edgar F. Fake Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 10 1945, at 5 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1945, to Aug. 10 1945

and that I last saw him alive on Aug 5 1945

	DURATION
Immediate cause of death: Mitral Stenosis	4 months
Due to: Chr. Interstitial Nephritis	Several years
Due to: Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Merritt Price M. D. or other
Address Millington Md. Date signed 8/10/45